MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)	10/088195	

CLAIMS

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			CLAIMS	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51		/				
2								52		/				
3								53		/				
4								54		/				
5								55		/				
6								56		/				
7								57		/				
8								58		/				
9								59		/				
10								60		/				
11								61		/				
12								62	/					
13								63		/				
14								64		/				
15								65		/				
16								66		/				
17								67		/				
18								68		/				
19								69		/				
20								70		/				
21								71		/				
22								72		/				
23								73		/				
24								74		/				
25								75		/				
26								76		/				
27								77		/				
28								78		/				
29								79		/				
30								80		/				
31								81		/				
32								82		/				
33								83		/				
34								84		/				
35								85		/				
36								86		/				
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45			/					95						
46				/				96						
47				/				97						
48				/				98						
49				/				99						
50				/				100						
TOTAL IND.								TOTAL IND.						
TOTAL DEP.								TOTAL DEP.						
TOTAL CLAIMS								TOTAL CLAIMS						